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**\*\* CONTINUING DATA \*\*\*\*\***  
 N/A

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
 N/A

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
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Verified and Acknowledged                      Examiner's Signature                      Initials                     

**ADDRESS**  
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**TITLE**  
 Textured surfaces fo hearing instruments

FILING FEE  RECEIVED 1400	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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